

# Joining Forces

Volume 2 Issue 4

RESEARCH NEWS YOU CAN USE

July 1998

## IN THIS ISSUE...

A focus of this newsletter is the impact of culture upon the perception of and response to child and spouse abuse. We include an article by Dr. Hideji Komai who is a visiting Japanese psychiatrist. Dr. Komai shares information about child abuse in Japan. He describes how responsibilities placed on some Japanese children prevent them from establishing their own identity.

We also include a review of an article from "Child Abuse and Neglect" that describes the importance of culture in determining what is considered "normal" or "abnormal" and why it is difficult to make cross-cultural comparisons of spouse and child abuse data.

J & E Associates completed a preliminary analysis of data on at-risk New Parent Support Program (NPSP) families. Some of these data are presented along with recommendations for further NPSP research. The article on Beyond Fragmentation calls for more collaborative prevention, treatment, and family violence research.

The media often contact FAP personnel to inquire about spouse and child abuse research. Delores Johnson shares some of the most frequently asked media questions about research and provides the appropriate answers.



## Cultural Perceptions and Domestic Violence

Research on the impact of cultural differences on child and spouse abuse can be beneficial to the Army and other military services. Such research can greatly contribute to knowledge about the interesting and complex interplay between culture and patterns of family violence observed in the Army. It is likely that cultural views are operative in case referrals, investigations, substantiations, and treatments. There are ample opportunities for culture-related research from case studies to the examination of different cultural patterns that occur in different groups present in today's Army.

In a recent article in *Child Abuse & Neglect* (1996, Vol. 20 (11), pp 993-1002), Gough discussed the definition of child abuse based on 20 years of articles published in the journal. Some of the material is equally applicable to spouse abuse. In his discussion of comparative studies of child abuse, he notes that data are not independent of culture. In other words, culture may confound attempts to compare violence rates. He indicated that this confounding is most extreme when agency case statistics reflect professional workload rather than the societal prevalence of abuse. Additionally, comparative studies within and between cultures help to define variations in the concepts of normality and abnormality.

Gough reports that a large database has emerged around the concepts of abuse and risk of abuse, perceptions of abuse, cross-cultural comparisons, outcome studies, and how decisions are made. Much of the database is concerned with defining what is or is not abuse. Such definitions are important because they specify the nature of abusive problems that need attention. Variations in definitions of abuse limit research primarily because such variations create problems of comparability across studies.

In the Army, the area of cultural differences is ripe with opportunities for someone interested in conducting such research. ■

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### The Abuse of Children in Japan

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For a long time child abuse was a neglected topic in Japan. More recently, the news media have reported that child abuse incidents in Japan are not rare. The public did not want to believe that children were abused by their own parents. Even for families,

who become aware of child abuse, there are many obstacles to arranging interventions by professionals. Within many of these families, strict emotional bonds and taboos are maintained. Therefore, neither offenders, spouses, nor victims may report child abuse for fear of breaking the bond of family ties. Often young victims feel so guilty about speaking out that they just endure the pain of the abuse.

The overall prevalence of child abuse in Japan is unknown. In the setting of the suburban general hospital where I worked as a psychiatrist, there were a number of physical abuse, sexual abuse, and neglect cases. However, more child abuse victims are detected at kindergartens, daycare centers, and pediatric clinics than in psychiatric settings. Most psychiatrists in Japan believe that the prevalence of child abuse is actually lower than it is in the United States.

A large number of Japanese children suffer from what could be referred to as emotional abuse. Such abuse occurs when parents or caretakers unknowingly burden children with a variety of responsibilities. From my clinical experiences, there were many adolescents with adjustment disorders related to the roles they play in the family. Japanese children may do what is necessary to please their parents without having much fun for themselves. In some families, children have very responsible roles while others are ever-smiling and cheerful. Some children are required to always get good grades in school while others are allowed to act out in accord with their age. Since children are often required to maintain these family roles

from early childhood, they may have difficulty making their own decisions. It can also be difficult for them to develop self-confidence. The situation often results in depression, eating disorders, and other psychiatric or psychosomatic problems. When seen in mental health clinics, their parents give an account of how much time, money, and love they have given to the child without the child reciprocating by being mature and responsible.

Some Japanese parents continue to cling to models of the idealistic or unrealistic family. Such family models appeared in the 1960s and 1970s television dramas where happy endings were guaranteed every week. Stress created by the discrepancy between the ideal and the realities of families can negatively impact sensitive children who are the most vulnerable. Currently, a major trend in child psychiatry in Japan is to help emotionally abused children rid themselves of co-dependent relationships with their parents and to encourage children to live their own lives. ■

**For further reading on cross-cultural issues and family violence, see:**

Besharov, D.J.(1981). Towards better research on child abuse and neglect: making definitional issues an explicit methodological concern. *Child Abuse & Neglect*, 5, 383-391.

Dubowitz, H., et al.,(1993). A conceptual definition of child neglect. *Criminal Justice and Behavior*, 20, 8-26.

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### Joining Forces



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#### At-Risk Families Who Participate in the New Parent Support Program (NPSP)

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J & E Associates

The NPSP provides home visitation and parent education to new mothers and families of Army personnel at 29 installations. It is a home-based intervention designed for families with children through 6 years of age. Where available, all families with young children are eligible to receive services. An evaluation is ongoing to determine the effectiveness of NPSP in (1) targeting families at risk for child abuse and (2) reducing risk factors for abuse in these targeted families.

Data were derived from "at-risk" NPSP families. At-risk families are those with (1) a demonstrated potential for child abuse/neglect, or (2) a substantiated incident of child or spouse abuse. This sample represents only a percentage of the total families who have received NPSP home visitation services.

During the time period of 1 October 1997 through 31 March 1998, 351 at-risk families completed a variety of questionnaires commonly used to assess risk factors for child abuse or neglect. Scores on these questionnaires were compared to national norms for the instruments to determine whether scores fell within a normal or a clinically problematic range of distress.

Among the at-risk families, 45% expressed personality traits, attitudes or beliefs pertaining to parenting that are similar to those expressed in studies of abusive parents. In addition, 68% of

the sample experienced significant marital difficulties, 52% were clinically depressed, 78% reported experiencing above average levels of stress surrounding parenting, and 15% had children with significant behavioral or emotional problems. These results indicate that the majority of the at-risk NPSP participants experience higher than average levels of individual distress and adverse life circumstances which may put their children at risk for child abuse.

To determine whether the NPSP is effective in reducing these risk factors, parent questionnaire responses given before services were received were compared to their responses on the same questionnaires after they had participated in the NPSP. Because data from fewer participants were available for these analyses, results pertaining to the effectiveness of NPSP interventions are less definitive than those pertaining to risks.

Preliminary results suggest that those high risk families who participate in the NPSP show significant reductions in parental depression, family conflict, child behavioral problems, and the overall number of risk factors they experienced relative to their initial levels of functioning. The vast majority of participating at-risk parents reported high levels of satisfaction with NPSP interventions, rating the usefulness of the information they receive from home visits and parenting classes as "excellent."

Comprehensive evaluations are needed to determine if the NPSP is more beneficial than no intervention in reducing the risk for child abuse. Such

evaluations may include studies that will compare individuals who receive NPSP services to those who do not. Another aspect of the evaluation will be an assessment of the role that fathers play in rearing their families. Finally, a crucial component of measurement of the effectiveness of the NPSP will be to routinely and systematically link specific interventions with various outcome measures. J & E will conduct further studies to evaluate the significance of NPSP interventions for at-risk families. ■

#### Family Violence Interventions: Beyond Fragmentation

In the article by Gough on page 1, he describes the importance of definitions in conducting family violence research. Similarly, Kinard (Child Abuse and Neglect, Vol 18, No 8, pp.645-656, 1994) asserts that clear definitions of abuse are necessary for determining whether various types of maltreatment have different causes, correlates, or consequences.

Definitions of abuse vary and such variations can result in fragmented research that cannot be compared across studies. Chalk (1998) indicates that the different areas of child maltreatment, domestic violence, and elder abuse have their own terminology, theories, experts, data collection efforts, and research instruments. Additionally, there is often little communication between individuals who work in the area of child abuse with those who deal with spouse abuse. A consequence of





fragmentation, specialization, and the lack of adequate definitions of abuse is an uncertain database on family violence.

To what extent does spouse abuse occur in homes characterized by child abuse? Do men who batter their wives also engage in other types of violent behavior? What benefit can be derived from collaborative research between academic research centers, local family violence programs, and federal agencies? Do prevention and treatment personnel work together to achieve common goals with "at risk" families. Is there a range of co-existing problems within these families? What role does alcohol play in incidents of family violence? These questions focus on the interactive dynamics of family violence.

In the research literature, family violence is increasingly being recognized as an interactive process requiring multi-level and systemic approaches that cross many systems of service delivery. The Army offers a significant opportunity for developing collaborative approaches to preventing, treating, and conducting research on family violence. Unlike some programs in the civilian community, the problems of child and spouse abuse are handled within the same Army program. The organizational structure of Case Review Committees facilitates collaborative approaches to family violence and there are ample opportunities for prevention and treatment personnel to work together. The Army offers a supportive environment for examining the interactive dynamics of family violence. If

you have a clear vision of what's to be done, you can do it.

### Reference:

Chalk, R. & King, P.A.(Eds.).  
(1998). Violence in families. National Academy Press: Washington, D.C. ■

### The Media: What They Ask? What You Tell Them.

Delores Johnson, MSW  
James E. McCarroll, Ph.D., M.P.H.

Over the past year, Ed. McCarroll and I have had several interviews with members of the media about child and spouse abuse research in the Army. Some have been face-to-face and others have been by telephone.

Providing accurate information to the media is an important aspect of informing the public about what we do in the Family Advocacy Program (FAP). Here are some of the research-related questions that have frequently been asked by the media. We are supplying a brief answer to each one.

Q. Have you done any studies on the effects of the Army drawdown or deployments on family violence?

A. No. We need some sophisticated research to determine the answer to this question. There are many complicating factors such as small units being deployed along with national guard and reserve units. We believe that mobility, frequent deployments, and isolation from sources of support can make families more prone to violence. However, Army families are very

resilient and most do not respond with violence. The Army has internal support structures and helping activities that are co-located with soldiers and families. An institutional "helping hand" is also extended to families. We have not studied these to see if they offset the risk factors.

Q. There are lots of offenders in the E-3 to E-5 range. What about officer offenders?

A. As with any social system, the Army included, people who come to the attention of the system are usually those with fewer options and resources. Generally, officers have more options and resources than enlisted personnel. We are interested in this question but have no definitive answer for it.

Q. Have you looked at particular installations to see if they have more family violence problem than other installations?

A. Yes, we can track family violence by installation. However, we do not believe it is useful to compare installations because they have different active duty populations and circumstances in terms of deployments and other factors that are difficult to equate for research purposes.

Q. Will you leave it up to the installations to study their own rates or will it be done by someone outside?

A. We encourage research initiatives by individuals at installations. We plan to conduct studies on family violence at some installations in the future. These would have to be installations with a large enough population and FAP staff to provide reliable data.



We will also do our own research here at the headquarters level. We have analyzed Central Registry data and we will continue to report these data for the benefit of installations and the overall program.

Q. What is the difference between the rates of family violence in the Army and the civilian community? [How do our numbers, such as rates per 1,000, compare with the civilian numbers?]

A. We have looked at our child abuse rates and see them as about half of that which occurs in the civilian community. For spouse abuse, it is more difficult to compare rates. There are no national spouse abuse data in the civilian population that are comparable to the Army. We did a study several years ago comparing responses on a survey of aggressive behavior among married military personnel to aggressive behavior among civilian married persons and found the Army slightly higher than the civilians for severe violence.

Q. Does combat or Army basic training cause family violence?

A. There have been speculations about this in the press. However, family violence is a multi-factor problem. These speculations extend far beyond currently available research evidence.

Q. Why is there such a high proportion of black offenders and victims compared to their representation in the Army?

A. We are interested in this question, but do not have an explanation at this time. ■

### Briefing Books for TRADOC

The Family Violence and Trauma Project, Uniformed Services University of the Health Sciences (USUHS) has completed briefing books to be used by FAPMs and Chiefs of Social Work at 16 TRADOC installations. The books describe child and spouse abuse statistics pertaining to the specific installation, TRADOC, and the Army. In addition to briefings, the books can be used to track the progress of FAP prevention and treatment programs and for orienting FAP staff, community members, and commanders to the Army Family Advocacy Program.

The statistics used in the briefing books were derived from the Army Central Registry for the years FY 1995 through 1997. Since the ACR is continually updated, users of the briefing books are cautioned that the statistics should always be considered as only an estimate of the level of violence. The behavior of case review committees (CRCs), the accuracy of overall Army population data, the timeliness of reporting, changes in FAP/CRC decision making, and other factors are noted to affect the number of cases and rates of child and spouse abuse. In addition to numbers and rates of child/spouse abuse cases, the report includes the types of maltreatment, sex of victims, active duty and civilian status, site of the abusive incident, and substance involvement.

The briefing books were not prepared for data comparisons between installations because installations have different circumstances that cannot be compared. The most useful approach

for using the data is for installations to follow their own progress from year-to-year. However, some installations have too few cases of spouse and child abuse for meaningful statistical analysis.

Feedback between USUHS and TRADOC FAPMs indicate that the briefing books have generated a great deal of valuable discussion. The next set of briefing books will be prepared for FORSCOM installations. ■

*Continued from Page 2...*

Hampton, R.L., & Newberger, E.H.(1985). Child abuse incidence and reporting by hospitals: The significance of severity, class, and race. *American Journal of Public Health*, 7, 56-60.

Korbin, J.E.(1980). The cultural context of child abuse and neglect. *Child Abuse & Neglect*, 4, 3-13.

Levinson, D.(1989). Family violence in cross cultural perspective. Newbury Park, CA: Sage.

Noh Ahn, H., & Gilbert, N. (1992). Cultural diversity and sexual abuse prevention. *Social service review*, 66, 410-427. ■

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## Correlation

A correlation describes the degree of relationship between two variables. We will focus here on the most basic type of correlation in which the two variables are linearly (straight line) related and have a continuous scale of measurement. The correlation coefficient (also called the degree of correlation) is a single number that describes how closely related are two variables of interest.

The correlation coefficient can vary from  $-1.00$  to  $+1.00$ . If the value is greater than zero, it means that there is a positive correlation. That is, as one measure increases, the other increases. For example, as the age of a child increases, the child's weight also increases. If the number is less than zero, it means that there is a negative correlation and that as one measure increases, the other decreases. For example, as the temperature increases, the inches of snow on the ground decrease. A perfect correlation ( $+1$  or  $-1$ ) indicates a very high linear relationship between two measures and is rare in social science research. In behavioral science research, a correlation of  $0.4$  is considered a moderately strong correlation. A correlation coefficient of zero means there is no *linear* relationship between the two variables. However, there may be other relationships between the two measures. Non-linear relationships, sometimes called curvilinear, are not addressed by the type of statistic we are describing here.

As an example of a high positive correlation, let's examine the relationship between children's age and their weight.

Child	A	B	C	D	E	F	G	H
Age	1	2	3	4	5	6	7	8
Weight in Pounds	30	35	40	45	50	55	60	65

If you depict these data on a graph and plot children's ages on the horizontal axis and their weight on the vertical axis, a fairly linear relationship is found between the two variables.

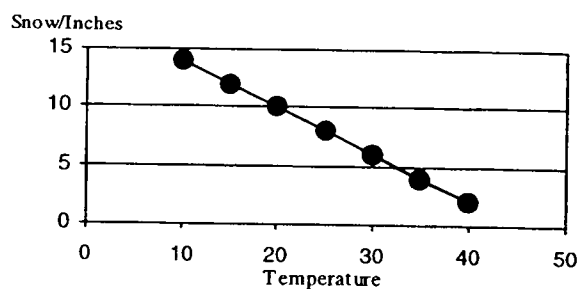


We see that as one variable (age) increases, there is also an increase in the other variable (weight).

Let's examine the degree of relationship between the variables of temperature and inches of snow.

Snow Storm	A	B	C	D	E	F	G
Temperature	10	15	20	25	30	35	40
Inches of Snow	14	12	10	8	6	4	2

We can plot the temperature on the horizontal axis and the respective inches of snow on the vertical axis. You can see that as the temperature increases, the inches of snow decrease. This is an example of a negative correlation that is also linear.



**Correlation does not prove causation.** Just because two variables change in a similar fashion (whether positively or negatively) does not necessarily mean that one causes the other. *In this issue, we have explained the concept of correlation. In a future issue of Joining Forces, a method of calculating the correlation coefficient will be illustrated.*

Reference:

Kranzler, G. & Moursund, J., *Statistics for the Terrified*, Prentice Hall, 1995. ■